

C. DUKES SCOTT
EXECUTIVE DIRECTOR

P.O. Box 11263
Columbia, S.C. 29211



Phone: 803-737-0800
Fax: 803-737-0801

DAN E. ARNETT
CHIEF OF STAFF

178988

KATIE C. MORGAN
DIRECTOR
TELECOMMUNICATIONS, TRANSPORTATION, WATER/WASTEWATER

RECEIVED
APR 18 2006
PSC SC
DOCKETING DEPT.

APR 17 2006

March 25, 2006

2004-176-C

Dear Telephone Utility Manager:

Enclosed is your Dual Party Relay Service invoice for March 2006. Review the contact information presented in this mailing, and provide our office with any corrections.

Please remit payment to the Office of Regulatory Staff at the address listed above. Make checks payable to the Office of Regulatory Staff. If you are a company certified by the SC Public Service Commission to operate in South Carolina but have no access lines in South Carolina, please indicate this on the attached invoice. Please contact me if I can be of assistance.

Sincerely,

Katie C. Morgan

Katie C. Morgan, Director

Attachment

PLEASE CLOSE ALL FILES on
this company. IT CHOSD in
OCT. 2005.

Thank you
Lawrence C. Gales

PLEASE TAKE OFF RECORDS

SOUTH CAROLINA OFFICE OF REGULATORY STAFF

OFFICE OF REG
STAFF

SC TELECOMMUNICATIONS RELAY SYSTEM INVOICE

APR 17 2006

Billing for access lines in service in the Month of: March, 2006

Name of Company:

Mr. Lawrence G. Yates
President / CEO
MetaNet Internet Solutions, Inc.
1630 Rivers Street
Greenwood, SC 29649

() Check here if information to the left is incorrect and provide correct information below.

Attn: _____
Title: _____
Co. Name: _____
Address: _____
City/State/Zip: _____
Contact Phone No.: _____

E-Mail address of contact person _____

(Please provide e-mail address if you would like to have this invoice sent to you each month via e-mail)

1. Previous Balance \$ _____
2. Number of Access Lines in SC for the Month # _____
3. Rate per Access Line \$ _____ 0.15
4. Calculate Amount Due (line 2 x line 3) \$ _____
5. Less: Amount Paid to ILECs on Resold Lines
(Amount of lines resold to & collected by ILECs)
Please attach copy of page from bill showing payment \$ _____
6. Total Payment Due (line 1 + line 4 - line 5) \$ _____

I hereby affirm that the information reported herein is true and accurate to the best of my knowledge:

Company Official: _____ Title: _____
(Please Print)

Company Official: _____
(Signature)

Please make check payable to: The Office of Regulatory Staff

Mail check and copy of bill to:

The Office of Regulatory Staff
Attention: Pamela Spires
1441 Main Street, Suite 300
Columbia, South Carolina 29201

Business Closed
Operations in Oct.
2005.

PAYMENTS ARE DUE ON OR BEFORE THE 15TH OF THE MONTH

South Carolina Office of Regulatory Staff
1441 Main Street, Suite 300, Columbia, South Carolina 29201
803-737-0800